

**United States Bankruptcy Court  
Southern District of New York**

In re **Rachel Uchitel**

Debtor(s)

Case No. **20-11585**

Chapter **7**

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

**Amended Schedule E/F to Include Additional Creditor(s)  
Ana Bianchi and Counsel  
Spectrum**

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

**Amended Schedule E/F to Include Additional Creditor(s)  
Ana Bianchi and Counsel  
Spectrum**

Date: **November 16, 2020**

**/s/ Darren Aronow**

**Darren Aronow 4094074**

**Attorney for Debtor(s)**

**Aronow Law, PC**

**7600 Jericho Turnpike**

**Suite 115**

**Woodbury, NY 11797**

**516-762-6700 Fax:516-303-0066**

**darren@aronowlaw.com**

## Fill in this information to identify your case:

Debtor 1 **Rachel Uchitel**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number **20-11585**  
(if known)

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|  |   | Total claim  | Priority amount    | Nonpriority amount |                    |
|--|---|--|--------------------|--------------------|--------------------|
| 2.1  | <b>IRS</b><br>Priority Creditor's Name<br><b>290 Broadway</b><br><b>New York, NY 10007</b><br>Number Street City State Zip Code | Last 4 digits of account number <b>7627</b>  | <b>\$11,654.04</b> | <b>\$0.00</b>      | <b>\$11,654.04</b> |
| Who incurred the debt? Check one.                                    |   | When was the debt incurred? <b>May, 2019</b>   |                    |                    |                    |
| <input checked="" type="checkbox"/> Debtor 1 only                    |   | As of the date you file, the claim is: Check all that apply                              |                    |                    |                    |
| <input type="checkbox"/> Debtor 2 only                               |   | <input type="checkbox"/> Contingent  |                    |                    |                    |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                  |   | <input type="checkbox"/> Unliquidated  |                    |                    |                    |
| <input type="checkbox"/> At least one of the debtors and another     |   | <input type="checkbox"/> Disputed  |                    |                    |                    |
| <input type="checkbox"/> Check if this claim is for a community debt |   | Type of PRIORITY unsecured claim:  |                    |                    |                    |
| Is the claim subject to offset?                                      |   | <input type="checkbox"/> Domestic support obligations                                    |                    |                    |                    |
| <input checked="" type="checkbox"/> No                               |   | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government |                    |                    |                    |
| <input type="checkbox"/> Yes   |   | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  |                    |                    |                    |
|  |   | <input type="checkbox"/> Other. Specify <b>Back Tax Bills</b>                            |                    |                    |                    |

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|                       |  |  |                   |               |                   |
|-----------------------|--|--|-------------------|---------------|-------------------|
| 2.2                   | <b>New York State Dept.</b><br>Priority Creditor's Name<br><b>Tax and Finance dept.</b><br><b>Building 9</b><br><b>Albany, NY 12227</b><br>Number Street City State Zip Code   | Last 4 digits of account number <b>0025</b>  | <b>\$5,685.66</b> | <b>\$0.00</b> | <b>\$5,685.66</b> |
|                       | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>When was the debt incurred?</b> <b>December, 2016</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ |                   |               |                   |
| <b>Back Tax Bills</b> |  |  |                   |               |                   |

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|     |  |  |  |  |   |
|-----|--|--|--|--|---|
| 4.1 | <b>100 West 74th Street LLC</b><br>Nonpriority Creditor's Name<br><b>163rd West 173rd Street</b><br><b>New York, NY 10023</b><br>Number Street City State Zip Code   | Last 4 digits of account number <b>2018</b>  |  |  | <b>Total claim</b><br><b>\$164,770.65</b> |
|     | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>When was the debt incurred?</b> <b>January 2020</b><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Civil judgment</b> |  |  |   |

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| 4.2 | <b>ACCU Reference Med Lab</b><br>Nonpriority Creditor's Name<br><b>1901 East Linden Ave</b><br><b>Suite 4</b><br><b>Linden, NJ 07036</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>0953</b></u><br><b>When was the debt incurred?</b> <u><b>February, 2020</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Medical</b></u> | <b>\$35.00</b> |
|-----|---|--|----------------|

|     |   |  |                   |
|-----|---|--|-------------------|
| 4.3 | <b>Ana Bianchi</b><br>Nonpriority Creditor's Name<br><b>148 Rudgear Drive</b><br><b>Walnut Creek, CA 94596</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>IV15</b></u><br><b>When was the debt incurred?</b> <u><b>March 9, 2017</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Judgment</b></u> | <b>\$2,200.00</b> |
|-----|---|--|-------------------|

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|-----|---|---|--------------------|
| 4.4 | <b>Chaseway LLC</b><br>Nonpriority Creditor's Name<br><b>119 East Hartsdale Avenue</b><br><b>Hartsdale, NY 10530</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>7627</b></u><br><b>When was the debt incurred?</b> <u><b>November, 2019</b></u><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Civil judgment</b></u> | <b>\$30,171.45</b> |
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| 4.5 | <b>Con Edison</b><br>Nonpriority Creditor's Name<br><b>4 Irving Place</b><br><b>9th floor</b><br><b>New York, NY 10003</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>0034</b><br>When was the debt incurred?<br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Utility company</b> | <b>\$846.47</b> |
|-----|---|---|-----------------|

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| 4.6 | <b>Empire City Labs</b><br>Nonpriority Creditor's Name<br><b>4320 3rd Avenue</b><br><b>Brooklyn, NY 11232</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>2728</b><br>When was the debt incurred? <b>June, 2019</b><br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Medical</b> | <b>\$35.00</b> |
|-----|--|---|----------------|

|     |  |  |                   |
|-----|--|--|-------------------|
| 4.7 | <b>Fashion Angel Enterprises</b><br>Nonpriority Creditor's Name<br><b>306 N. Milwaukee Street</b><br><b>Milwaukee, WI 53202</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>1900</b><br>When was the debt incurred? <b>2020</b><br><br>As of the date you file, the claim is: Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Account deficiency</b> | <b>\$1,421.14</b> |
|-----|--|--|-------------------|

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4.8

**Gabriella Centurion**

Nonpriority Creditor's Name  
**122 East 82nd Street  
Suite 1B  
New York, NY 10028**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **UCHRAC**

**\$1,450.00**

When was the debt incurred? **2019-2020**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.9

**Joel J. Kassimir, MD**

Nonpriority Creditor's Name  
**1125 Park Avenue  
New York, NY 10128**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3154**

**\$2,000.00**

When was the debt incurred? **July, 2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.1  
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**Katarina Spector**

Nonpriority Creditor's Name  
**60 Riverside Blvd  
New York, NY 10069**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7627**

**\$25,000.00**

When was the debt incurred? **December, 2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Loan**

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4.1  
1

**Kleyman Law Firm**

Nonpriority Creditor's Name

**45 Broadway- Suite 1500  
New York, NY 10006**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7627**

**\$23,694.93**

When was the debt incurred? **April, 2020**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal fee**

4.1  
2

**Lvnv Funding Llc**

Nonpriority Creditor's Name

**C/o Resurgent Capital Services  
Greenville, SC 29602**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0426**

**\$924.00**

When was the debt incurred? **Opened 04/19 Last Active 09/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Credit One Bank N.A.**

4.1  
3

**Matthew Parrot**

Nonpriority Creditor's Name

**410 E 73rd St  
Apt 5b  
New York, NY 10028**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7627**

**\$9,100.00**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Monies Owed**

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|          |   |  |                    |
|----------|---|--|--------------------|
| 4.1<br>4 | <b>Midland Credit Managem</b><br>Nonpriority Creditor's Name<br><br><b>320 East Big Beaver</b><br><b>Troy, MI 48083</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>7867</b></u><br><br><b>When was the debt incurred?</b> <u><b>Opened 07/19 Last Active 08/17</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Factoring Company Account Capital One Bank Usa N.A.</b></u> | <b>\$10,916.00</b> |
|----------|---|--|--------------------|

|          |   |  |                 |
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| 4.1<br>5 | <b>NYS DMV</b><br>Nonpriority Creditor's Name<br><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>2003</b></u><br><br><b>When was the debt incurred?</b> <u><b>March, 25, 2020</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Monies Owed/DMV Assessment Fee</b></u> | <b>\$800.00</b> |
|----------|---|--|-----------------|

|          |  |  |                |
|----------|--|--|----------------|
| 4.1<br>6 | <b>P4 Clinical LLC</b><br>Nonpriority Creditor's Name<br><br><b>Beltsville, MD 20705</b><br>Number Street City State Zip Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> <b>Check if this claim is for a community debt</b><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u><b>7627</b></u><br><br><b>When was the debt incurred?</b> <u><b>February, 2019</b></u><br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u><b>Medical</b></u> | <b>\$78.00</b> |
|----------|--|--|----------------|

Debtor 1 **Rachel Uchitel**

Case number (if known) **20-11585**

4.1  
7

**Patricia Fersch**

Nonpriority Creditor's Name

**11 Broadway Suite 5500  
New York, NY 10004**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7627**

**\$5,000.00**

When was the debt incurred? **2015**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Legal fee**

4.1  
8

**Quest Diagnostic**

Nonpriority Creditor's Name

**PO Box 7308  
Hollister, MO 65673**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9132**

**\$35.00**

When was the debt incurred? **April, 2019**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.1  
9

**Spectrum**

Nonpriority Creditor's Name

**400 Atlantic St,  
Stamford, CT 06901**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7237**

**\$550.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Account deficiency**

Debtor 1 **Rachel Uchitel**

Case number (if known) **20-11585**

4.2  
0

**Square Capital LLC**

Nonpriority Creditor's Name

**11281 KENSINGTON ROAD  
Los Alamitos, CA 90720**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7627**

**\$8,704.05**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Monies Loaned**

4.2  
1

**Sunrise Credit Services**

Nonpriority Creditor's Name

**260 Airport Plaza  
PO BOX 9100  
Farmingdale, NY 11735**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5599**

**\$196.09**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.2  
2

**Suzanne Murphy**

Nonpriority Creditor's Name

**1020 5th Ave  
New York, NY 10028**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$10,294.45**

When was the debt incurred? **2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Rent Payments Due, Guarantor**

Debtor 1 **Rachel Uchitel**

Case number (if known) **20-11585**

4.2  
3

**The Hewitt School**

Nonpriority Creditor's Name

**45 East 75th Street  
New York, NY 10021**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7627**

**\$2,240.00**

When was the debt incurred? **May, 2020**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Monies Owed/Child Education**

4.2  
4

**The Holtz Firm**

Nonpriority Creditor's Name

**21650 Oxnard Street  
Suite 500  
Woodland Hills, CA 91367-4911**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred? **12/2/2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Agreement - Party One A and Party One B**

4.2  
5

**Verizon Fios**

Nonpriority Creditor's Name

**PO BOX 15124  
Albany, NY 12212**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0152**

**\$1,130.94**

When was the debt incurred? **May 22, 2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Monies Owed**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Rachel Uchitel**

Case number (if known) **20-11585**

Name and Address

**Asset Pursuit**  
**1120 6th Ave**  
**4th floor**  
**New York, NY 10036**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Brody Oconnor**  
**535 8th Ave**  
**Suite 1401**  
**New York, NY 10018**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Caine & Weiner**  
**1699 East Woodfield Rd**  
**ste 360**  
**Schaumburg, IL 60173**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**C/o David Hill**

Name and Address

**Credit Collection Svcs**  
**725 Canton Street**  
**Norwood, MA 02062**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8432**

Name and Address

**Robert E. Judge, PC**  
**365 Birdge Street**  
**Suite 3Pro**  
**Brooklyn, NY 11201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Selip & Stylianou, LLP**  
**199 Crossways Park Drive**  
**Woodbury, NY 11797**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2233**

Name and Address

**The Holtz Firm**  
**C/o Michael D. Holtz, Esq**  
**21650 Oxnard Street, Suite 500**  
**Woodland Hills, CA 91367-4911**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**VenerusoCurtoSchwartzCurto LLP**  
**35 East Grassy Sprain Rd**  
**Suite 400**  
**Yonkers, NY 10710**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total<br>claims<br>from Part 1 |   |     | Total Claim |                  |
|--------------------------------|---|-----|-------------|------------------|
|                                | 6a. Domestic support obligations  | 6a. | \$          | <b>0.00</b>      |
|                                | 6b. Taxes and certain other debts you owe the government                    | 6b. | \$          | <b>17,339.70</b> |
|                                | 6c. Claims for death or personal injury while you were intoxicated          | 6c. | \$          | <b>0.00</b>      |
|                                | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$          | <b>0.00</b>      |
|                                | 6e. Total Priority. Add lines 6a through 6d.                                | 6e. | \$          | <b>17,339.70</b> |

Debtor 1 **Rachel Uchitel**

Case number (if known) **20-11585**

Total  
claims  
from Part 2

6f. **Student loans**

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

Total Claim

6f. \$ **0.00**

6g. \$ **0.00**

6h. \$ **0.00**

6i. \$ **301,593.17**

6j. \$ **301,593.17**

ANA BIANCHI  
148 RUDGEAR DRIVE  
WALNUT CREEK, CA 94596

ASSET PURSUIT  
1120 6TH AVE  
4TH FLOOR  
NEW YORK, NY 10036

SPECTRUM  
400 ATLANTIC ST,  
STAMFORD, CT 06901